

**UNITED STATES DEPARTMENT OF COMMERCE**  
**United States Patent and Trademark Office**  
**Address: COMMISSIONER FOR PATENTS**  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



**CONFIRMATION NO. 9993**

SERIAL NUMBER 10/675,602	FILING DATE 09/29/2003  RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 0076.10					
<b>APPLICANTS</b>  Carlos Schuler, Cupertino, CA;  William W. Alston, San Jose, CA; Derrick Tuttle, San Jose, CA; Dennis Rasmussen, Santa Clara, CA; Stephen R. Deming, San Jose, CA;									
<b>** CONTINUING DATA *****</b> This application is a CON of 09/853,173 05/09/2001 PAT 6,668,827 which claims benefit of 60/204,526 05/16/2000									
<b>** FOREIGN APPLICATIONS *****</b>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/28/2004</b>									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black; vertical-align: bottom;">           Foreign Priority claimed    <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met    <input checked="" type="checkbox"/> yes <input type="checkbox"/> no    <input type="checkbox"/> Met after Allowance            Verified and Acknowledged    <u><i>[Signature]</i></u> Examiner's Signature    <u><i>[Initials]</i></u> Initials         </td> <td style="width:10%; text-align: center; vertical-align: top;">           STATE OR             COUNTRY            CA         </td> <td style="width:10%; text-align: center; vertical-align: top;">           SHEETS             DRAWING            7         </td> <td style="width:10%; text-align: center; vertical-align: top;">           TOTAL             CLAIMS            33         </td> <td style="width:15%; text-align: center; vertical-align: top;">           INDEPENDENT             CLAIMS            6         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u><i>[Signature]</i></u> Examiner's Signature <u><i>[Initials]</i></u> Initials	STATE OR  COUNTRY CA	SHEETS  DRAWING 7	TOTAL  CLAIMS 33	INDEPENDENT  CLAIMS 6
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u><i>[Signature]</i></u> Examiner's Signature <u><i>[Initials]</i></u> Initials	STATE OR  COUNTRY CA	SHEETS  DRAWING 7	TOTAL  CLAIMS 33	INDEPENDENT  CLAIMS 6					
<b>ADDRESS</b> 21968 NEKTAR THERAPEUTICS 150 INDUSTRIAL ROAD SAN CARLOS , CA 94070									
<b>TITLE</b> Systems devices and methods for opening receptacles having a powder to be fluidized									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; text-align: center; vertical-align: top;">           FILING FEE             RECEIVED            2170         </td> <td style="width:55%; border: 1px solid black; padding: 5px;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width:30%; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____         </td> </tr> </table>					FILING FEE  RECEIVED 2170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____		
FILING FEE  RECEIVED 2170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____							